

TOWN OF EDGEWOOD  
Planning & Zoning Department

## Sign Permit Application

Prior to the Installation of a sign in the Town of Edgewood, a sign permit must be issued. In order to ensure that the proposed sign installation complies with Edgewood's sign regulations, the following information must be submitted.

### REQUIRED INFORMATION FOR SIGN PERMIT APPROVAL (AN INCOMPLETE APPLICATION WILL BE RETURNED TO APPLICANT)

1. ☐ **Scale Drawing of All Signs (8 V2"X 11")** 4. ☐ **Sign Permit\*\* \$25.00.**

Provide sign dimensions, Cellular if s (face, returns, raceway, background) and Materials

2. ☐ **Scale Drawing of Building Elevation for Wall Sign (8 V\*" X 11")**

3. ☐ **Plot Plan for Ground Sign (8 V4"X 11")**

**6. TYPE OF SIGN:**

- ☐ Wall  
☐ Ground  
☐ Other \_\_\_\_\_

**7. LIGHTING:**

- ☐ Illumination  
☐ Non-Illumination

**"8. SIZE:**

Square Footage of Proposed Sign: \_\_\_\_\_  
Linear feet of wail that sign is attached: \_\_\_\_\_  
Total square footage of signs on premises \_\_\_\_\_  
Total number of signs on premises: \_\_\_\_\_

Is the project a Shopping Center? Yes No (Circle One) Multi-tenant site? Yes No (Circle One)

NAME OF PROJECT \_\_\_\_\_ PROJECT LOCATION \_\_\_\_\_

PRPPERTY OWNER NAME

MAILING ADDRESS

PHONE

CITY

STATE

ZIP

SIGN CONTRACTOR

MAILING ADDRESS

PHONE

CITY

STATE

ZIP

ELECTRICAL CONTRACTOR

MAILING ADDRESS

PHONE

CITY

STATE

ZIP

NC ELECTRICAL CONTRACTOR LIC.#

I HEREBY CERTIFY that the above information is correct to the best of my knowledge and the installation will conform to applicable ordinances. I further agree to indemnify and save harmless the Town of Edgewood from any liability damages or losses resulting directly or indirectly from the erection, use maintenance, or alteration of the sign or signs described hereon. Acknowledge I aware that violation of sign regulations may result in civil penalties of \$100 to \$300 per day.

Applicants Name (please print)

Signature

Date

Phone #

.....OFFICE USE ONLY.....

Method of Payment: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_